DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: WAHNER HOUSE (310648)

Address: 5765 W WAHNER DR, BROWN DEER, WI 53223

License Status: REGULAR

Licensed/Certified/Registered 05/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096099 End Date: 12/13/2005 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008883 Served 01/07/2006

Deficiencies Cited Subject Area Verified Corrected

Compliance

Compliance

83.32(2)(c)2 ANNUAL EVALUATION UPDATED 83.42(3)(d) STAFF TRAINED IN EMERGENCY PLAN

Survey ID: 0092356 End Date: 04/07/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008976 Served 04/16/2004

		Compilative	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.17(4)	FINAL ACCOUNTING	09/22/2005	Yes
83.35(2)	MODIFIED OR SPECIAL DIETS	09/22/2005	Yes
83.35(3)(b)	MENU DATED AND KEPT ON FILE	09/22/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History					
Date Complaint Received: 09/26/2005 Date Investigation Completed: 12/13/2005		13/2005			
Subject Area(s)	Result	<u>SOD #</u>			
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED				
Date Complaint Received: 02/23/2005	Date Investigation Completed: 12/13/2005				
Subject Area(s)	Result	<u>SOD #</u>			
RESIDENT RIGHTS	NOT SUBSTANTIATED				
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED				
STAFF ADEQUACY	SUBSTANTIATED	10008883			
PROGRAM SERVICES	SUBSTANTIATED	10008883			
Date Complaint Received: 10/06/2003	Date Investigation Completed: 04/07/2004				
Subject Area(s)	Result	<u>SOD #</u>			
RESIDENT RIGHTS	SUBSTANTIATED	10008976			
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	NOT RECORDED			
Date Complaint Received: 10/03/2003 Date Investigation Completed: 04/07/2004		07/2004			
Subject Area(s)	Result	SOD#			
RESIDENT RIGHTS	SUBSTANTIATED	10008976			
ADMISSION, TRANSFER & DISCHARGE	SUBSTANTIATED	10008976			
PROGRAM SERVICES	SUBSTANTIATED	10008976			

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